

patient reaches the air. If in such cases Dr. Marshall Hall's method were begun at once, it would be unfair to give the credit solely to it. May it not even be, as suggested by Sir Benjamin Brodie, that recovery often follows, not from the means, but in spite of them? Dr. Sharpey considered that there were just grounds for reviving the old method of insufflation, which was, he thought, given up without sufficient reason. The objection to this plan was that it produced emphysema; but then, as he knew by experiment, this was from forcing in air too quickly and in too great quantity. Dr. Sharpey then alluded to the various instruments which might be used in insufflation. In reply to the objection that often insufflation could not be practised from the want of instruments, etc., he would remark that there could be no reason why the insufflation should not be carried on with the mouth, through a pipe put into one nostril of the patient. A card, or letter-envelope, might be made into a pipe till better was got. The force and pressure used would be no more than that sustained by the operator's own lung. He believed that emphysema in reference to these cases was a bugbear. Dr. Christian had observed that in unsuccessful cases in which insufflation had been practised, no emphysema was found at the autopsy; and a friend had told him (Dr. Sharpey) that he had never found emphysema in the lungs of still-born children who had been unsuccessfully treated by insufflation at the Edinburgh Royal Maternity Charity. The objection that the air would be deficient in oxygen was not practically valid, as the operator might, by several deep inspirations, quite change the air in his lungs, and then, by employing his chest for insufflation quickly after an inspiration, he would not leave time for any considerable change in it. There was an outcry against the warm-bath, founded on mere speculation. The Royal Humane Society's officers had found it to be very efficacious. Edwards and Dr. Brown-Séquard made their experiments on puppies and kittens, and their experiments were not, he believed, to be fairly compared with the use of the warm-bath in cases of suspended animation.

Dr. SIBSON had recently been engaged in prosecuting experiments on the restoration of suspended animation by the "ready method." They were only eight in number, and were not yet complete. In only one of them did the "ready method" appear to answer. The experiments were not complete, and he did not therefore speak decidedly from them. So far, however, they did not bear out Dr. Marshall Hall's plan. There was very little change produced in respiration, but more than one cubic inch—generally two or three. Dr. Sibson believed that emphysema did occasionally happen, and alluded to three cases of restoration of suspended animation, in one of which it had occurred. He then alluded to a case in which dislocation and fracture between the fourth and sixth cervical vertebræ had been produced by, he believed, zealously, but too roughly, carrying out Marshall Hall's method. The result of the injury was complete paralysis below the seat of injury.

Mr. SPENCER WELLS believed that insufflation from the mouth was the best method, and that it was best accomplished by passing a tube through the nostril into the glottis.

The PRESIDENT remarked on the importance of the subject, which made it a matter of great regret that such a wide difference of opinion should still prevail.—*Med. Times and Gaz.*, Feb. 2, 1861.

14. *Palliative Treatment of Asthma*.—M. T. L. PRIDHAM, in an interesting paper on the treatment of asthma (*British Medical Journal*, Nov. 10, 17, and Dec. 22, 29, 1860), mentions the following as the most effectual palliative remedies which he has employed, though he states that no one of them is to be relied on in any second attack, for what succeeds to-day may fail to-morrow:—

"The first on the list is stramonium, the fumes of which may be collected in an inverted glass bowl with a narrow mouth; the bowl being charged to its full is placed under the mouth of the patient, who is directed to inhale to the fullest extent in his power the smoke which has been collected in the bowl, taking care to hold his head away from the bowl when an expiration takes place. Chloroform, both taken internally or inhaled, is a powerful remedy, but it must be employed with caution, and never administered except by a medical attendant.

The fumes of nitre paper in a state of ignition, well inhaled, is often a valuable remedy. Care should be taken to procure the best prepared from a good chemist. Chloric ether and the tincture of the lobelia inflata will occasionally relieve. Bicarbonate of soda, as well as chlorate of potass, given in full doses, I have frequently seen produce a good effect. Again, I have seen repeated doses of sulphate of alum procure relief, the powder being allowed to dissolve on the tongue before it is swallowed, in ten grain doses. I have also seen the fumes of tobacco, inhaled as I have recommended in the use of stramonium, relieve, when other remedies have failed; but I do not like this remedy, it produces such deadly faintness and nausea. Small drinks of the best Mocha coffee, made strong, will often procure relief. On two occasions, when every other remedy failed, I succeeded in procuring almost instant relief, by injecting two grains of morphia and a drachm of tincture of assafoetida. These were cases where mental distress appeared to be the exciting cause.

"I have often sat at the bedside of one, suffering from the severest form of the disease, watching with great anxiety the result of prescribed remedies, and it has not unfrequently happened that many have been tried without relief, the patient all this time gasping for life with sufferings the most intense, when relief has at length come from a remedy apparently the most unlikely to procure it—so capricious is the disease, and so uncertain the remedy in asthma cases of this particular character."

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15. *Sore Throat*.—Dr. THOMAS INMAN, in a recent paper (*British Medical Journal*, Jan. 26, 1861), maintains that the pain of sore throat and dysphagia is due to the muscles of deglutition being unusually irritable or inflamed, and in the treatment of these affections regard must be had to these muscles, as well as to the condition of the mucous membrane covering them. The new plan of treatment does not materially militate against the old, and the two may always be combined in one way or another.

He adds that the anodyne treatment is applicable to all forms of cynanche, whether it is catarrhal, scarlatinal, diphtheritic, syphilitic, or croupy; and that he has not yet found the laudanum act prejudicially in any case.

Acting on this idea, Dr. I. states that he has used opiate epithems externally for some time, and a few weeks ago began to use laudanum and water as a gargle. The effects have surpassed his expectations, and no case could more fully corroborate his views than the following: Mr. C., aged 30, after being much exposed to scarlatina, had ulcerated sore throat; this was so exquisitely painful, that he was unwilling to swallow anything; and he could not sleep, for he was constantly awakened by involuntary efforts of deglutition, which occurred as soon as he began to be oblivious; and he could not even speak intelligibly. Dr. I. used no internal application whatever but a gargle of laudanum and water. The patient reported the effect as magical, for he was able both to speak and swallow comfortably as soon as he had finished gargling; the ulceration remained, the soreness had gone. He had only to repeat the application three times in all. The only adjunct Dr. I. adopted was the use of iodine paint externally.

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16. *Perchloride of Iron in Diphtheria*.—M. AUBRUN, in a communication to the *Académie des Sciences*, states that the greatest success has attended his administration of the perchloride of iron in diphtheria and croup. He gives the doses in rather a vague manner, stating that he adds from 20 to 40 drops of the solution of the perchloride—according to the severity of the disease and the age of the patient—to a glass of water, and causes the patient to take about two teaspoonfuls every five minutes during the day and every quarter of an hour during the night. Immediately after each dose of the perchloride some cold milk, without sugar, is given. This treatment must be scrupulously followed for some days, without regard to the patient's sleep for the first three days. It is not until after the third day that the false membranes begin to soften and separate. The author considers that from 140 to 350 drops of the solution, representing from  $1\frac{1}{2}$  to  $4\frac{1}{2}$  drachms of the perchloride should be taken during each 24 hours; and he carefully avoids giving any article of diet likely to decompose it.—*Union Med.*, No. 146.